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## FACSIMILE TRANSMISSION

DATE:	May 15, 2006						
TO:	EXAMINER KARI KRISTEN PETRIK						
FACSIMILE NO.:	571-273-8300						
FROM:	John G. Posa						
PAGES TRANSMITTED (INCLUDING COVER SHEET): 6							
ORIGINAL DOCUMEN	TTS WILL / WILL NOTX FOLLOW BY MAIL						
RE:	SN 10/706,570						
MESSAGE:							

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CERTIFICATE OF TR	ANSMISSION BY FA	CSIMILE (37 CFR 1.8)		Docket No.
Applicant(s): Masini			$\  \ $	MHM-00307/29
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Application No.	Filing Date	Examiner		Group Art Unit
10/706,570	Nov. 12, 2003	Petrik		3743
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I hereby certify that this	Supplemental Ir	oformation Disclosure Statement	, PTO	Form 1449
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masini

Atty. Docket No.: MHM-00307/29

Serial No.: 10/706,570

Group No.: 3743

Filed: Nov. 12, 2003

Examiner: Kari Kristen Petrik

For: INVERTIBLE WOUND DRESSINGS AND METHOD OF MAKING THE SAME

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In compliance with the duty of disclosure under 37 C.F.R. §1.56, it is respectfully requested that this Supplemental Information Disclosure Statement be entered and the references listed on attached form be considered by the Examiner and made of record.

In accordance with 37 C.F.R. §1.97(g), this Supplemental Information Disclosure Statement is not to be construed as a representation that a search has been made or that no other possible material information as defined in 37 C.F.R. §1.56(a) exists. In accordance with 37 C.F.R. §1.97(h) this Supplemental Information Disclosure Statement is not to be construed to be an admission that the information cited in the statement is, or is considered to be, material to patentability as defined in §1.56(b).

Respectfully submitted,

By John G. Posa

Reg. No. 37,424

9) Kays 60016; Kays 15, 2006 Date: May 15, 2006

INFORMATION DISCLOSURE CITATION					ATTY DOCKET NO.		APPLICATION NO.			
					MHM-00307/29 APPLICANT(S)		10/706.570			
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·						11/12/2003			3743	
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GIFFORD KRASS

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